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ABSTRACT

This Kids Count report presents statewide trends between 1988 and 1996 in the well-being of Massachusetts' children. The statistical portrait indicator areas and topics examined include: demographics (children as percent of population, children by race/ethnicity, students whose first language is not English); economic well-being (percent of children living in poverty, children dependent on assistance programs, medicaid; EPSDT--Early and Periodic Screening, Diagnosis and Treatment); teen families (teen birth rates: Massachusetts vs. USA, Massachusetts births: teen vs. all women); and health (trends in adequacy of prenatal care, low birthweight: age and race/ethnicity, low birthweight: level of prenatal care and race/ethnicity, infant mortality by race, uninsured Massachusetts children). Findings indicate that between 1988 and 1996, Massachusetts dropped from 5th to 13th place nationwide on a range of indicators of child health and economic well-being. Massachusetts ranked 44th nationwide in its rate of improvement on key indicators. There has been considerable improvement in teen birth rate, and Massachusetts' infant mortality rate is the lowest in state history, although there is still a gap between black and white infant mortality rates. There have been increases in the number of children without health insurance and those living in poverty. (Contains about 20 references.) (KB)

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State of the Child 1996

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"As a nation we must set a new course to save our children, strengthen their families, and regain control of our national destiny. There are no quick fixes to the problems that threaten the lives and prospects of so many of America's young people. But the solutions are within reach."

Senator John D. Rockefeller, Chair, National Commission on Children

children

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MASSACHUSETTS CAMPAIGN FOR CHILDREN

The MASSACHUSETTS CAMPAIGN FOR CHILDREN is a statewide citizen mobilization effort whose goal is to build an informed, organized and active grassroots constituency for the state's 1.4 million children. Citizen members of the Campaign will organize in communities across the state, hold local forums on critical children's issues, and demand that local and state elected officials make the well-being of *all our children* their highest priority.

Join the CAMPAIGN FOR CHILDREN as we:

- *Engage thousands of people in local and state actions to improve the lives of children and families.*
- *Inform people about the latest state and local data on the status of children in their community and across the state.*
- *Educate citizens about the impact on children and families of budget policies, block grants, legislation and regulatory proposals.*
- *Develop and promote a "Children's Platform" -- based on input from people throughout the state -- on such issues as economic security, health, education and family support.*
- *Encourage people to vote and provide them with information to evaluate elected officials and candidates for local, state and national office on children's issues.*

The time to let the voices for children be heard and heeded is now. We urge you to join the CAMPAIGN FOR CHILDREN, link with citizens across Massachusetts, and become part of what Marion Wright Edelman has called a "crusade of conscience and action." Call the CAMPAIGN FOR CHILDREN at (617) 742-8555 or return the form below.

The CAMPAIGN FOR CHILDREN is guided by an Interim Steering Committee of over a dozen broad-based organizations and has been spearheaded by the Massachusetts Committee for Children and Youth and the Massachusetts Advocacy Center.

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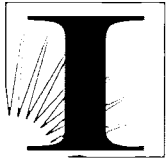
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Massachusetts State of the Child



In 1988, Massachusetts ranked fifth on a range of indicators of child health and economic well-being in the national KIDS COUNT report on all fifty states. **By the 1996 report, the Commonwealth had dropped to 13th place.**¹ This relative

decline in the status of children in Massachusetts over the past several years is particularly sad—and ironic—because it stands in stark contrast to our past history and prior reputation as a model for progressive children's policies, programs, and services.

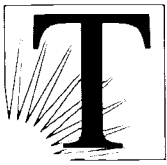
Of equal concern, the overall status of children within Massachusetts declined between 1985 and 1992, on many of the key indicators of child well-being used by the national KIDS COUNT project.² In addition, Massachusetts ranked a dismal 44th in the nation in its rate of improvement between 1985 and 1992 on the ten key indicators. This means that during this time period, the overall condition of children either deteriorated more or improved less in Massachusetts than in 43 other states.³ Despite rhetoric about Massachusetts' high teen birth rate, the state has experienced considerable improvement in this area and now has one of the five lowest rates in the nation.⁴ In addition, Massachusetts can take pride in having achieved the lowest infant mortality rate ever recorded in the state's history (6.0 infant deaths per 1,000 live births in 1994).⁵ Even before this, in 1993, Massachusetts already had the third lowest infant mortality rate in the nation.⁶ However, although the gap between the white and black infant mortality rates has narrowed since 1985, it is still unacceptably large, with blacks still experiencing more than twice the white rate.⁷

The number of children under age 18 without health insurance climbed dramatically in the last six years and now numbers 160,000—a startling 75% jump between 1989 and 1995.⁸ Despite recent improvements in the economy, 200,000 children still lived in poverty in 1994, substantially more than the number who were poor in 1989. At the same time, Massachusetts has slipped dramatically in its ranking among all states on child poverty, from 6th place in 1986, to 23rd place in 1992.⁹ In addition, the gap between the richest and poorest families in the State widened dramatically during the 1980s.¹⁰ A substantially higher proportion of minority children lack the basic economic supports, housing, nutrition, educational opportunity, safety, and health care that others take for granted. Robbed of opportunity, far too many Massachusetts children of all races and backgrounds will not realize their full

potential unless this alarming trend is reversed soon.



Demographics

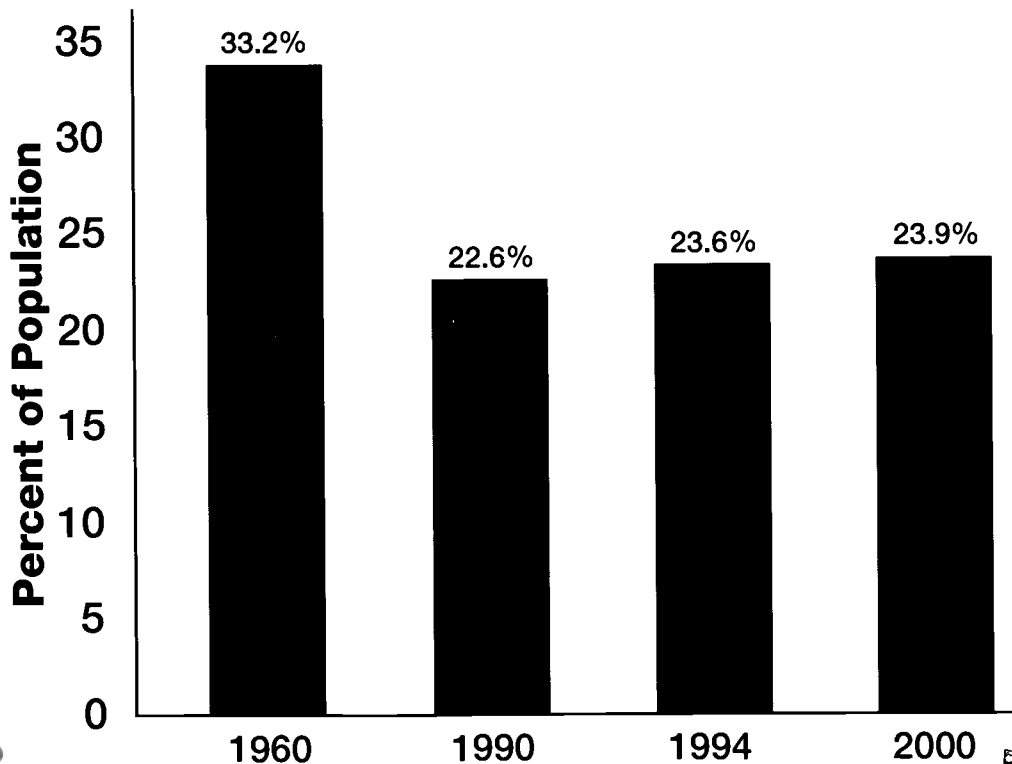


he population of Massachusetts has been aging in recent decades. In 1960, about one out of three people living in Massachusetts was under the age of 18 (33.2%). By 1990, only about one out of five were children (22.6%).¹¹ In 1994, there were approximately 1,424,000 children living in Massachusetts, and the percentage of the total population under 18 increased slightly to 23.6%.¹² At the same time, there continues to be an increase in the racial and ethnic diversity of the Commonwealth's children. In 1990, fewer than one out of five children were not white. By the year 2000, it is projected that nearly one out of four children will be from a minority group. Hispanics are the largest minority in Massachusetts—especially among the youngest children, followed by blacks and Asians. There is a great deal of ethnic diversity within each group as well. In 1994, the majority of Hispanic births were Puerto Rican, followed by Dominican, Central American, and South American ancestry. While the majority of black infants had mothers who identified themselves as American, many were Haitian, West Indian, or Other black. Among Asian infants, Chinese was the largest single ethnic group reported, followed by Vietnamese, Cambodian and Other South East Asian.¹³



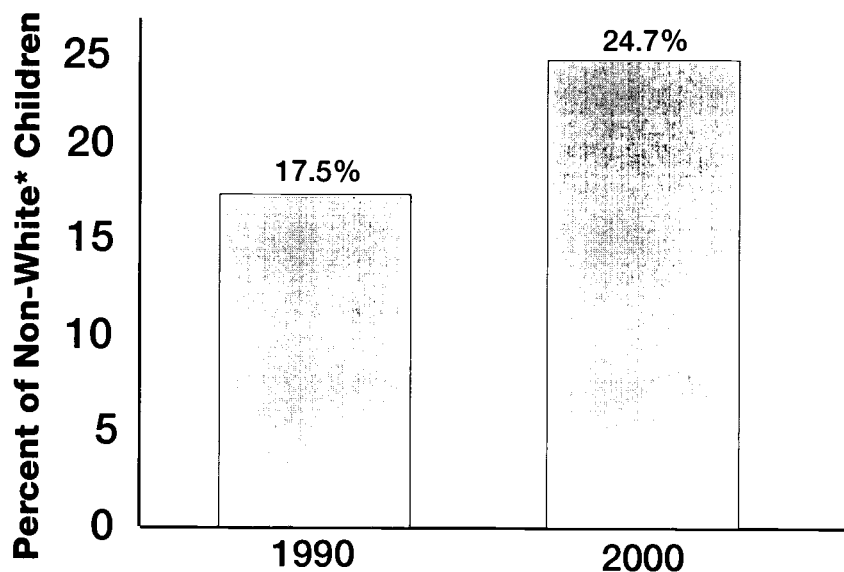
Children as Percent of Population

In 1960, a full one-third of the State's population was under the age of 18. By 1994, the number of children had increased to approximately 1,424,000, but they represented fewer than one in four residents of all ages. The Census Bureau projects that the percentage of the population under 18 will remain less than 25% through the end of this century.¹⁴



Children by Race/Ethnicity

The racial and ethnic diversity among Massachusetts children continues to grow. In 1990, fewer than one out of five children were not white. By the year 2000, it is projected that nearly one out of four children will be from a minority group.¹⁵

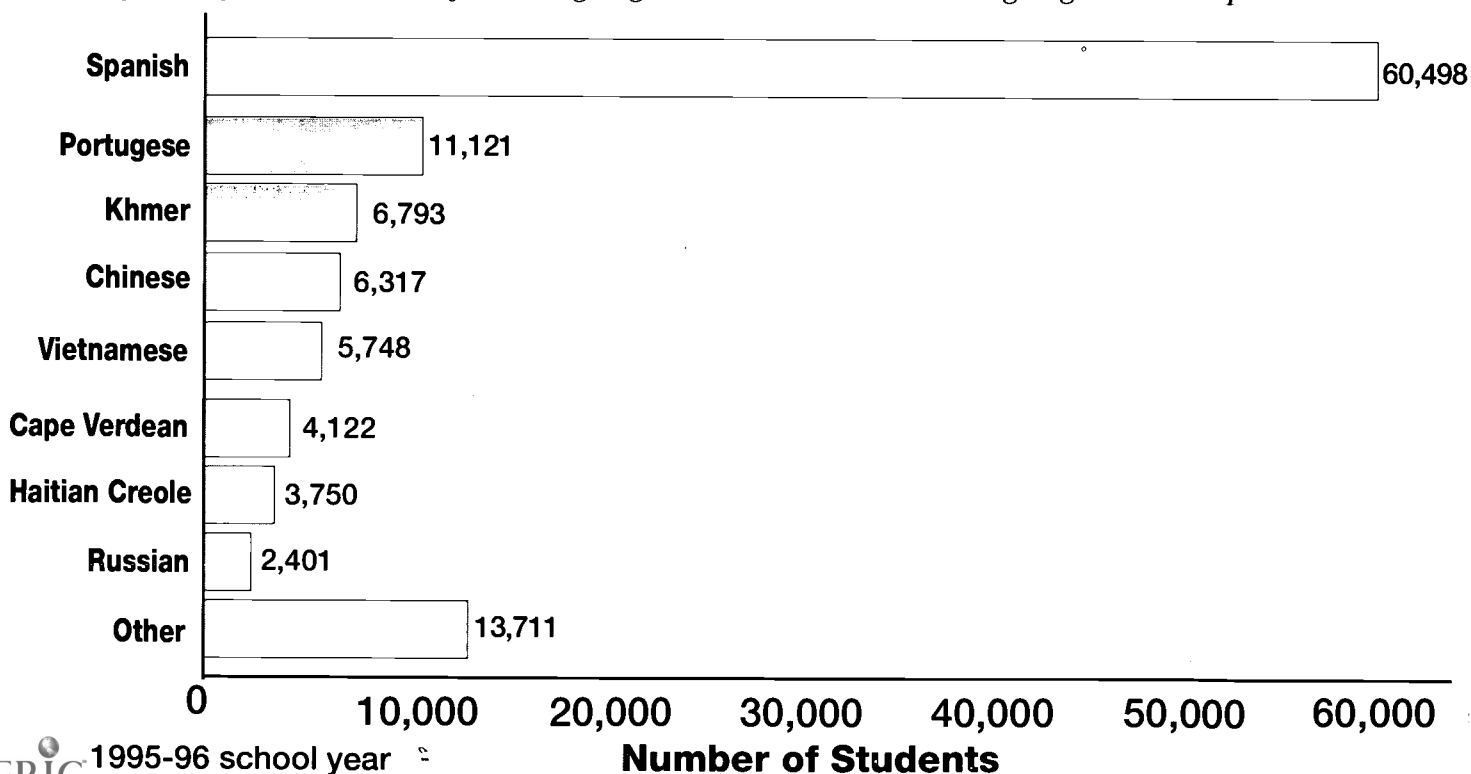


*Hispanic children are included

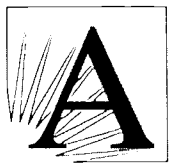


Students Whose First Language is Not English

In October, 1995, over 114,000 students who had a native language other than English were enrolled in Massachusetts public schools, up from about 97,000 in October 1992. The majority (53%) spoke Spanish as their first language, but well over 100 languages were represented.¹⁶



Economic Well-Being



lthough both the per capita and median family income in Massachusetts are well above those for the nation as a whole, thousands of children in our wealthy, but high cost-of-living state,

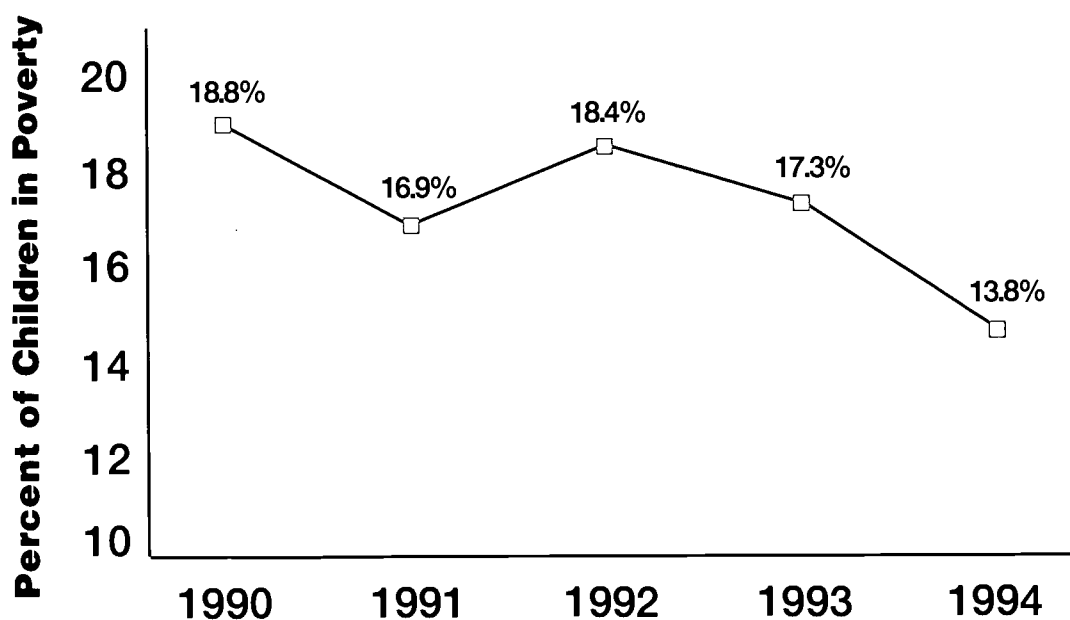
live in poverty, without even basic daily physical necessities such as adequate food, clothing, and shelter. As the economy worsened in the 1980s and early 1990s, the number and percent of children living in poverty rose. With the upturn in the national economy in recent years, Massachusetts, along with other states, has seen a welcome decline in child poverty. However, the Commonwealth can no longer claim to have

among the lowest percent of poor children in the country. In 1986, only 5 states had a lower percent of children in poverty than Massachusetts. By 1992, the State's ranking had dropped to 23rd.¹⁷ Equally disturbing are the growing gap between rich and poor families and persistent racial disparities among the "haves" and "have-nots." In 1981, the median income of the top 20% of families was about \$60,000 higher than the bottom 20% of families. By 1989, the gap had grown to nearly \$70,000.¹⁸



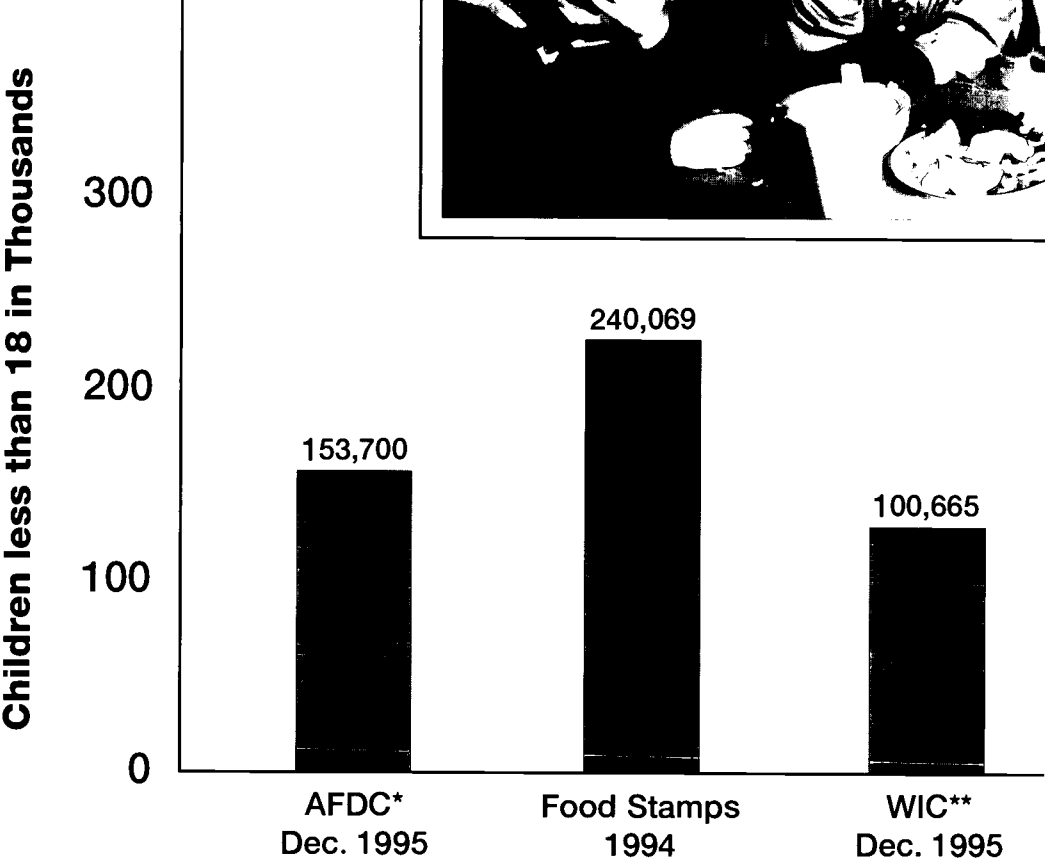
Percent of Children Living in Poverty

In 1994, about 200,000 children under age 18 were living in poverty in Massachusetts. While this represents a substantial decline from 1990, nearly one out of six children still were poor in 1994.¹⁹



Children Dependent on Assistance Programs

Over 150,000 children relied on AFDC (Aid to Families with Dependent Children) at the end of 1995 to meet their basic needs. Nearly 30,000 fewer children received support from AFDC in December, 1995, than in December, 1994.²⁰ Between the summers of 1989 and 1994, the number of children receiving food stamps increased by 56.7% from 153,172 to 240,069.²¹ In December, 1995, there were a total of 125,979 recipients of the Special Supplemental Feeding Program for Women, Infants and Children (WIC). Twenty percent of all WIC recipients were pregnant women, 22% were infants less than one year old, and 58% were children between the ages of one and five.²² The WIC program appears well on its way to meeting its goal of serving 85% of all eligible state residents.

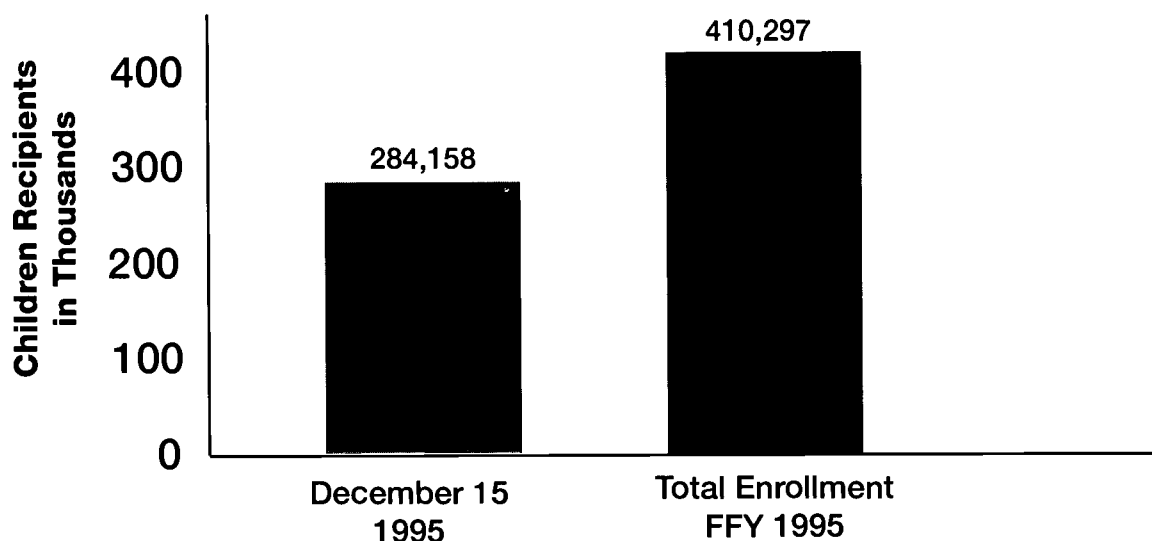


*Aid to Families with Dependent Children

**Special Supplemental Feeding Program for Women, Infants, and Children

Medicaid

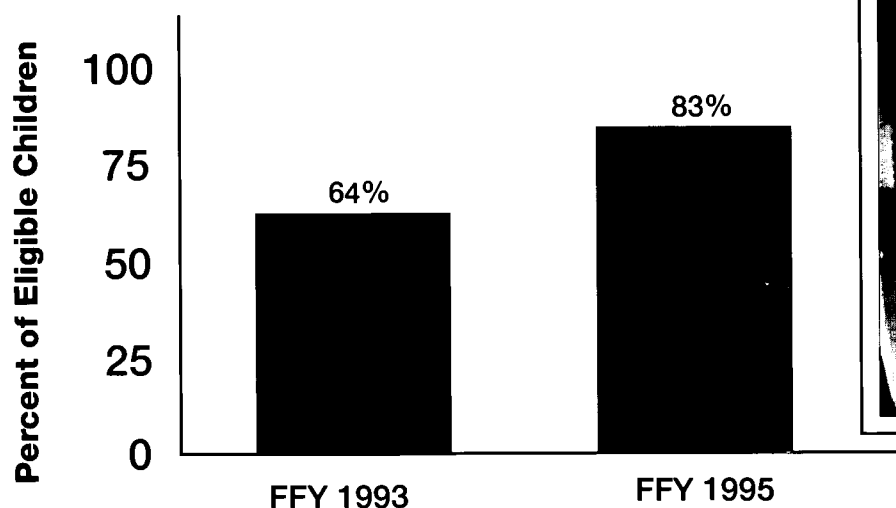
On December 15, 1995, 284,158 children were enrolled in Medicaid, and a total of 410,297 children were enrolled at some point during Federal FY1995.²³



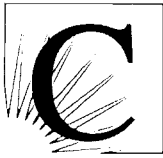
EPSDT

Early and Periodic Screening, Diagnosis and Treatment

Medicaid has made great advances in providing preventive health care checkups to poor children under managed care. In Federal FY1993, only 64% of eligible children received EPSDT checkups. By Federal FY1995, 83% of eligible children had their regular screenings.²⁴



Teen Families



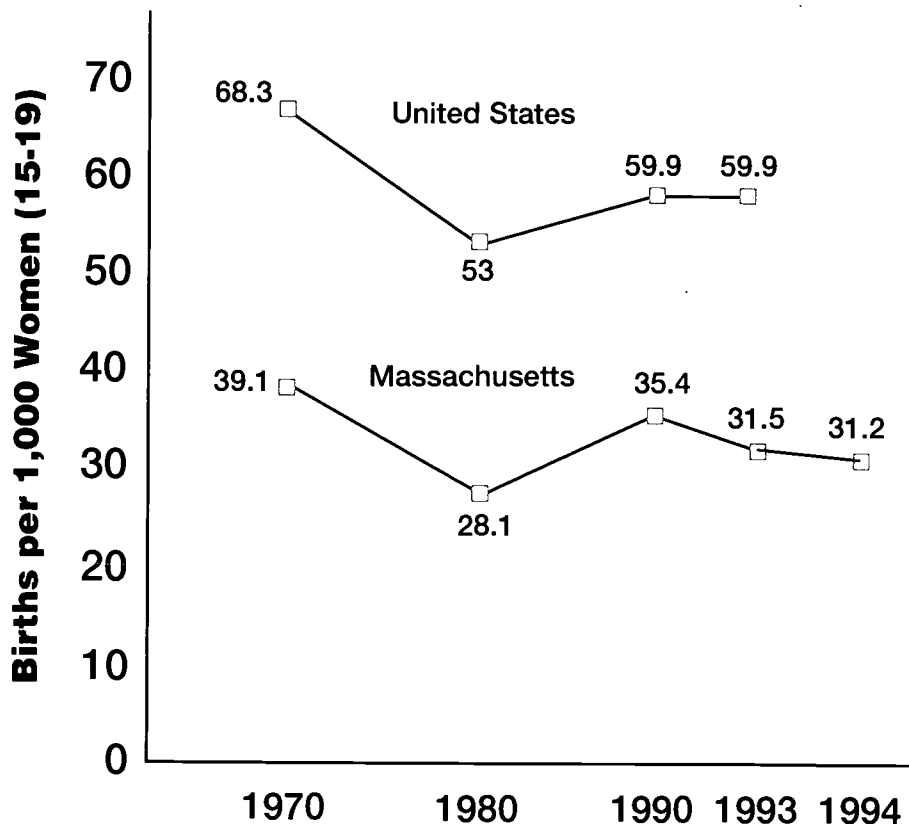
Contrary to widespread public misconception, the rate of births to Massachusetts teenagers (ages 15-19) decreased steadily between 1990 and 1994, and is one of the lowest in the nation. In 1992, only four other states had a lower overall teen birth rate (ages 15-19), and only one state had a lower birth rate among women ages 18-19.²⁵ Like many states with a low teen birth rate, a relatively high proportion of teen mothers are unmarried. This should not obscure the fact, however, that Massachusetts has greatly reduced the overall rate of births to teens.

While many provisions of Massachusetts' new "welfare reform" law are targeted at teen parents, there were only 668 mothers up to age 17 receiving welfare out of a caseload of about 92,000 families when the law went into effect in November, 1995.²⁶



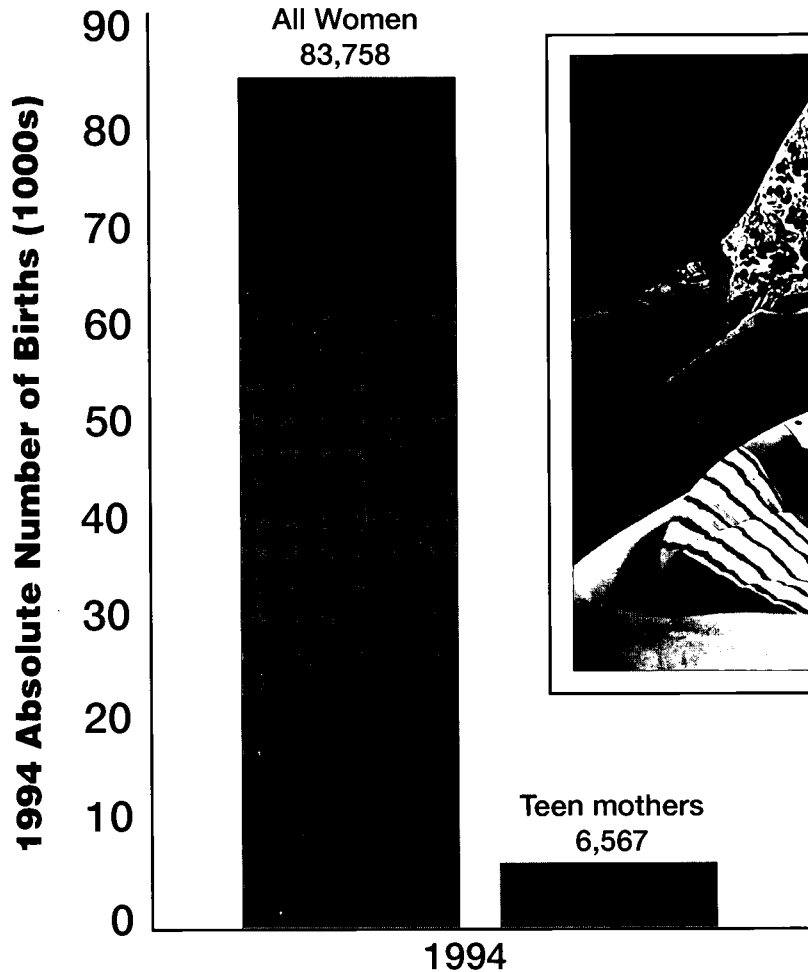
Teen Birth Rates: Massachusetts vs. USA

The 1994 teen birth rate in Massachusetts (births per 1,000 women ages 15-19) was 13% lower than the State's rate in 1989, and was approximately half the 1993 national teen birth rate.²⁷

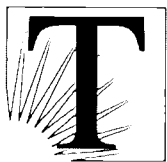


Massachusetts Births: Teens vs. All Women

In 1994, there were a total of 6,567 births to women under age 20, a slight decline from the previous year of 6,606 births. The percentage of all births to teenage mothers in Massachusetts was 7.8%, unchanged from 1993 and well below the 1993 national percentage of 12.8%.²⁸



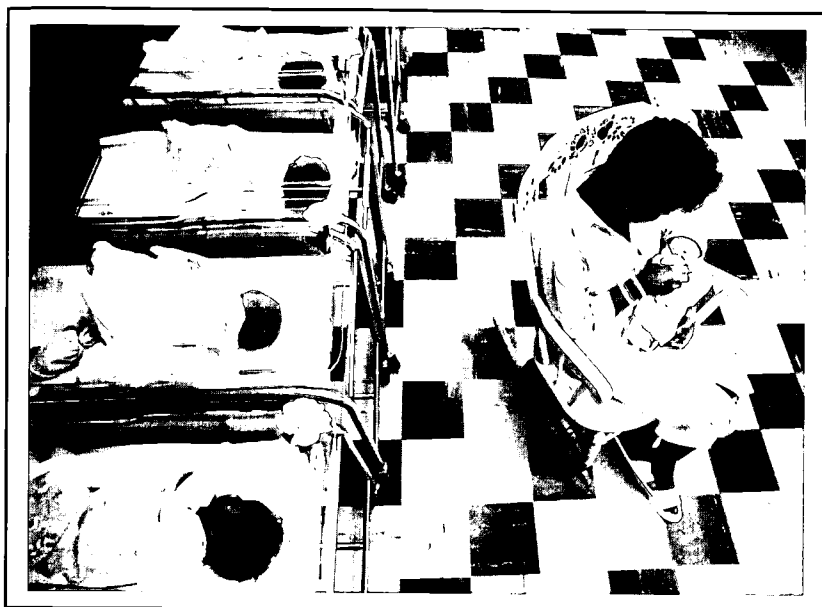
Health



he foundations of infant and childhood health are laid before a woman conceives. All women need early and ongoing comprehensive

and culturally-sensitive prenatal care, and all children need appropriate health services from birth on. While some tragedies are unavoidable, many instances of infant mortality, prematurity, and low birthweight could have been prevented had adequate primary preventive health care services been accessible. The increase in the percentage of

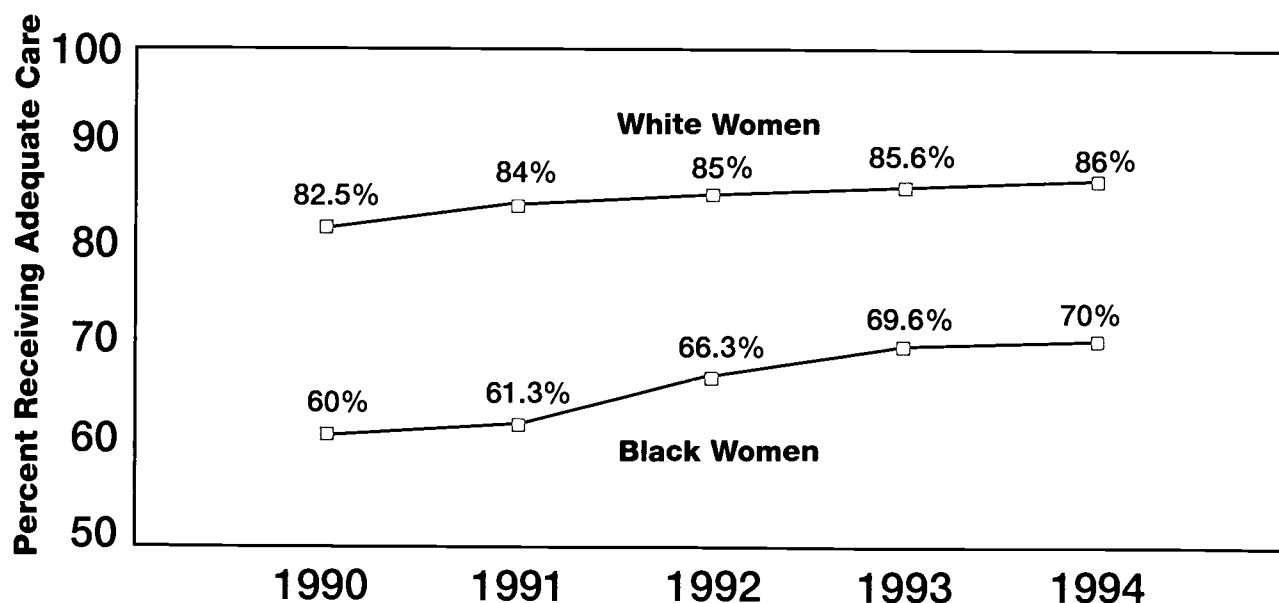
women receiving adequate prenatal care is an important step in the right direction. However, it must be remembered that prenatal care alone is not sufficient to ensure healthy babies. Many factors contribute to infant mortality, low birthweight and poor infant health, including chronic undernourishment of the mother, substance use, poor maternal health, and lack of health care prior to conception.



Trends in Adequacy of Prenatal Care

The percentage of all women who received adequate prenatal care²⁹ has increased from 80.1% in 1990 to 84.3% in 1994. For black women the rates have improved significantly in the last few years; only 60.0% received adequate prenatal care in 1990, compared to 70.0% in 1994.

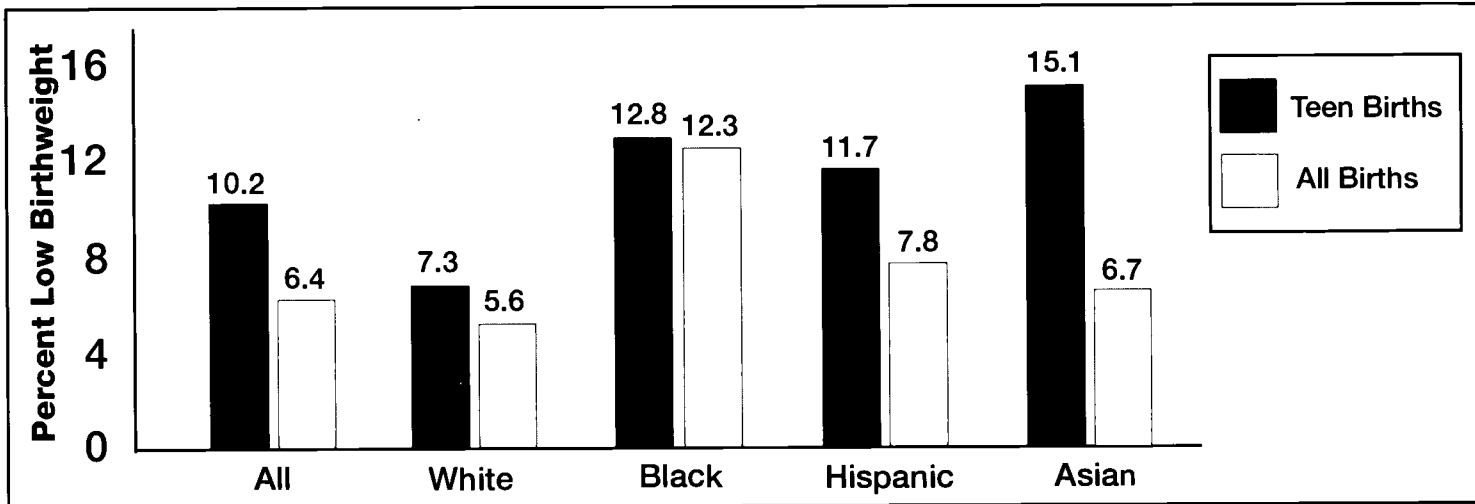
However, although the gap in adequate care between black and white women has narrowed since 1989, stark disparities in prenatal care continue to exist.³⁰



Note: Hispanics included in White

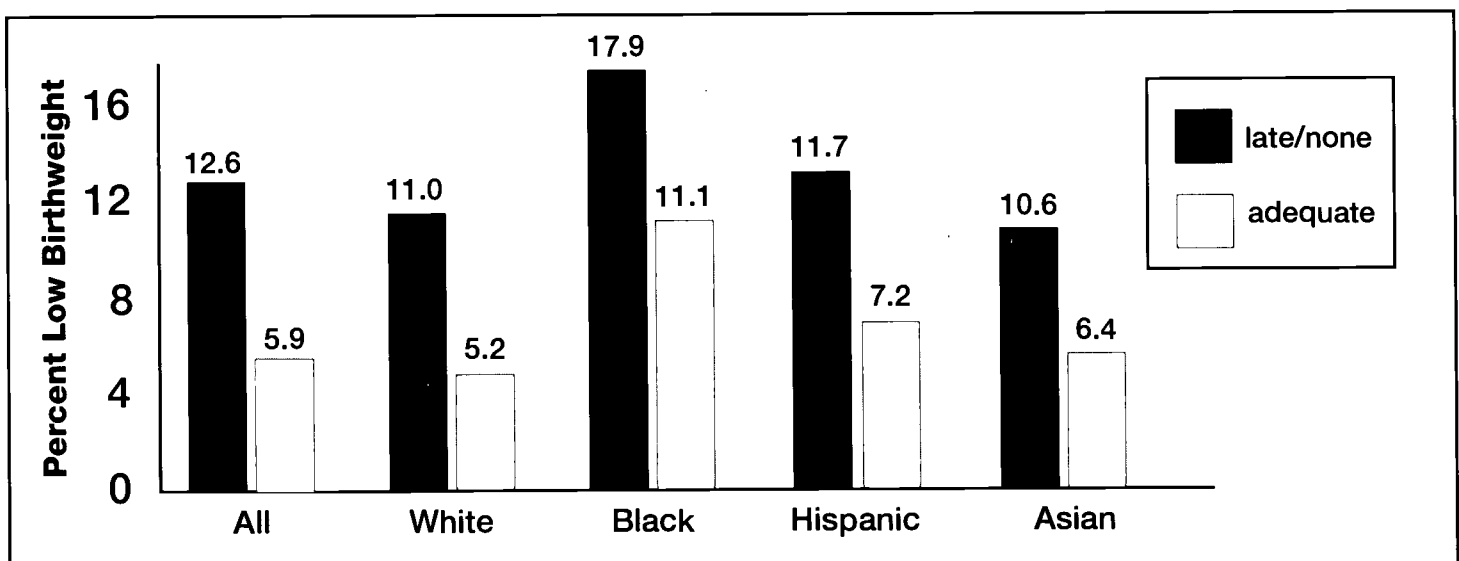
Low Birthweight: Age and Race/Ethnicity

Babies born weighing less than 5.5 pounds are at increased risk for mortality and other adverse conditions. In 1994, 5,335 low birthweight babies were born in Massachusetts, 6.4% of all births. The overall percentage of low birthweight infants was higher among teen mothers, regardless of race (10.2%). Low birthweight among all black infants was 2.2 times higher than among white infants.³¹



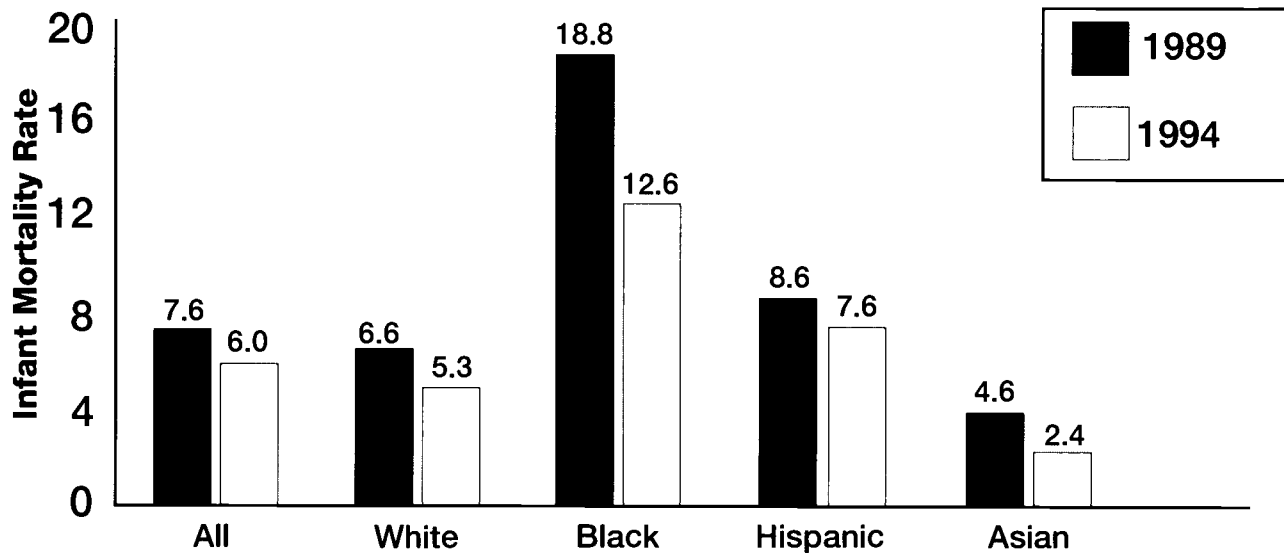
Low Birthweight: Level of Prenatal Care and Race/Ethnicity

Women who received late or no prenatal care had low birthweight babies two times more often than women who had adequate care. In all categories of prenatal care, black women had the highest percentages of low birthweight infants.³²



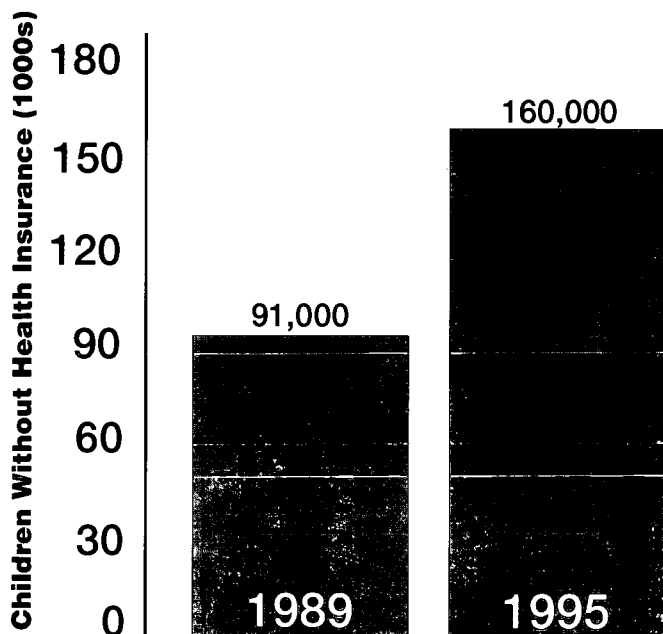
Infant Mortality by Race

The overall infant mortality rate in Massachusetts was 6.0 (per 1,000 live births) in 1994. Although the drop in the death rate was much greater among black infants than among white infants between 1989 and 1994, the 1994 rate among black babies still was 2.4 times higher than among white babies. The Hispanic rate in 1994 was 1.4 times higher than the white rate.³³



Uninsured Massachusetts Children

The number of Massachusetts children without health insurance has grown more than 75% in the last six years, from 91,000 children in 1989³⁴, to 160,000 in 1995.³⁵ The majority of these children's parents are employed with household incomes above the poverty level.



Endnotes

1. The Annie E. Casey Foundation, KIDS COUNT Data Book: State Profiles of Child Well-Being, 1996, p.77.

2. Indicators of Child Well-Being in the United States, 1985-1992. The Applied Population Laboratory, University of Wisconsin, Madison, December, 1995, p.52.

3. Unpublished data, National KIDS COUNT, Annie E. Casey Foundation, Baltimore, MD.

4. "Massachusetts Teen Birth Fact Sheet, 1994 update," Massachusetts Department of Public Health, December, 1995.

5. Advance Data: BIRTHS, 1994, Massachusetts Department of Public Health, December, 1995, p.21.



6. Gardner, P., Hudson, BL., Advance report of final mortality statistics, 1993. Monthly Vital Statistics Report; vol. 44 no. 7, supp., p.59, Hyattsville, MD: National Center for Health Statistics, Feb. 29, 1996.

7. Advance Data: BIRTHS, 1994, Massachusetts Department of Public Health, December, 1995, pps. 23 and 27.

8. Blendon, R.J., Swartz, K., Donelan, K., Massachusetts residents without health insurance, 1995. Press release, August 11, 1995, table 1, p.4.

9. The Annie E. Casey Foundation, KIDS COUNT Data Book: State Profiles of Child Well-Being, 1995, p.145.

10. Massachusetts Children and Youth: a status report, vol. 1. Massachusetts Department of Public Health, January, 1995, p.2.2.

11. Massachusetts Children and Youth: a status report, vol. 1. Massachusetts Department of Public Health, January, 1995, p.1.3.

12. Unpublished data, Statistical Information Office, Population Division, U.S. Bureau of the Census.

13. Advance Data: BIRTHS, 1994, Massachusetts Department of Public Health, December, 1995, p.7.

14. Unpublished data, Statistical Information Office, Population Division, U.S. Bureau of the Census.

15. Unpublished data, Massachusetts Institute of Social and Economic Research, University of Massachusetts, Amherst, MA.

16. Unpublished data, Massachusetts Department of Education, Bureau of Data Collection, Feb. 27, 1996.

17. The Annie E. Casey Foundation, KIDS COUNT Data Book: State Profile of Child Well-Being, 1995, Maryland, 1995, p.147.

18. Massachusetts Children and Youth: a status report, vol. 1. Massachusetts Department of Public Health, January, 1995, p.2.2.



19. Unpublished data, Statistical Information Office, Population Division, U.S. Bureau of the Census.

20. Massachusetts Department of Transitional Assistance, Facts and Figures Report, December, 1994 and 1995. Calculations by MCCY.

21. Unpublished data, Children's Defense Fund, Washington, DC.

22. Massachusetts Department of Public Health, WIC Program, unpublished data.

23. EOHHS, Division of Medical Assistance, Benefit Plan Enrollment, One Day Snapshot, December 15, 1995.

24. EOHHS, Division of Medical Assistance, communication with Louise Bannister.

25. "Massachusetts Teen Birth Fact Sheet, 1994 update," Massachusetts Department of Public Health, December, 1995.

26. Lakshmanan, IAR. "Teenagers confront welfare rules," The Boston Globe, p.21, October 31, 1995.

27. "Massachusetts Teen Birth Fact Sheet, 1994 update," Massachusetts Department of Public Health, December, 1995.

28. "Massachusetts Teen Birth Fact Sheet, 1994 update," Massachusetts Department of Public Health, December, 1995.

29. Adequacy of prenatal care, based on the Kessner Index, takes into account the trimester in which prenatal care began, the number of prenatal visits, and gestational age. For a woman to have adequate prenatal care, she must have begun care in the first trimester and have had at least 9 prenatal visits.

30. Advance Data: BIRTHS, 1994, Massachusetts Department of Public Health, December, 1995, p.39.

31. Advance Data: BIRTHS, 1994, Massachusetts Department of Public Health, December, 1995, p.31.

32. Advance Data: BIRTHS, 1994, Massachusetts Department of Public Health, December, 1995, p.40.

33. Advance Data: BIRTHS, 1994, Massachusetts Department of Public Health, December, 1995, p.27.

34. Massachusetts Children and Youth: a status report, vol. 1. Massachusetts Department of Public Health, January, 1995, p.2.13.

35. Blendon, R.J., Swartz, K., Donelan, K., Massachusetts residents without health insurance, 1995. Press release, August 11, 1995, table 1, p.4.

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MASSACHUSETTS KIDS COUNT 1996

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